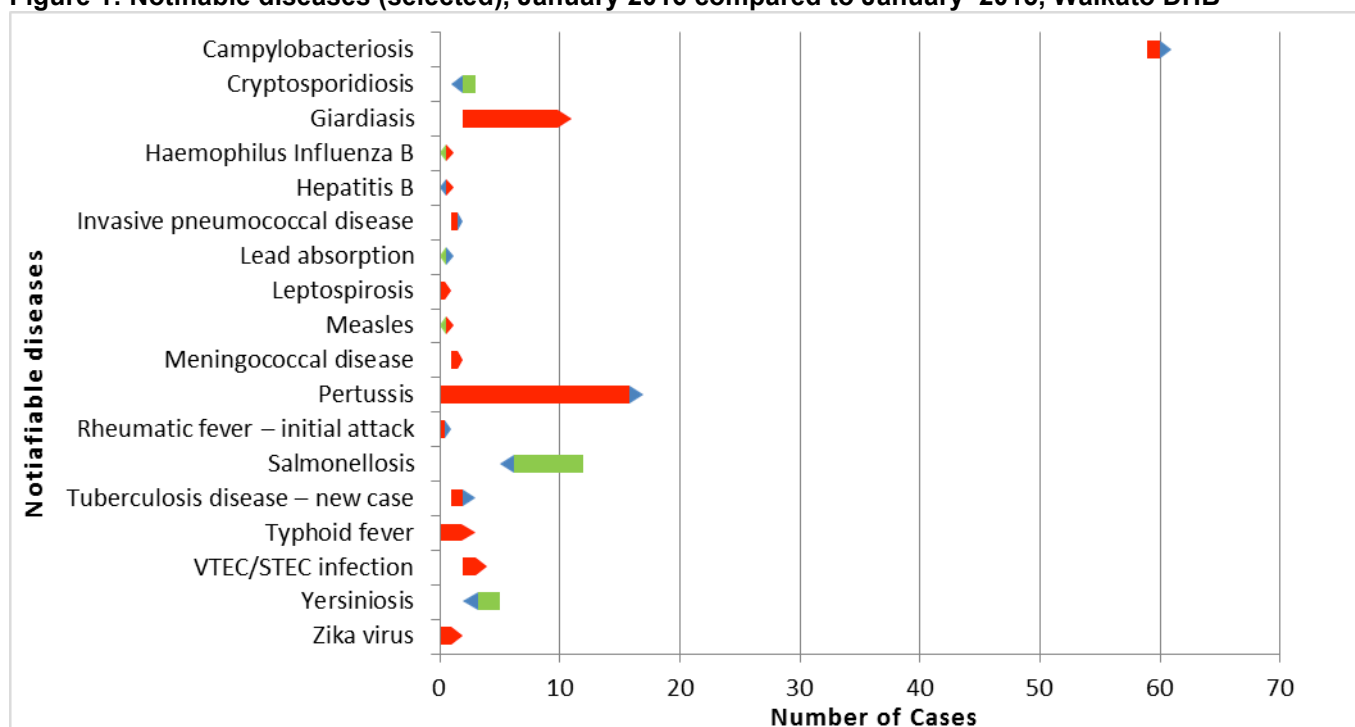


PUBLIC HEALTH BULLETIN

Communicable diseases notified January 2016

Disease name	Jan 2015	Jan 2016	YTD	Disease name	Jan 2015	Jan 2016	YTD
Campylobacteriosis	59	61	61	Mumps	0	0	0
Chikungunya Fever	0	0	0	Murine Typhus	0	0	0
Cryptosporidiosis	3	1	1	Paratyphoid fever	0	0	0
Dengue fever	1	0	0	Pertussis	0	17	17
Giardiasis	2	11	11	Poliomyelitis	0	0	0
Haemophilus Influenza B	0	0	0	Q fever	0	0	0
Hepatitis A	0	0	0	Rheumatic fever - initial attack	0	0	0
Hepatitis B	0	0	0	Rheumatic fever – recurrent attack	0	1	1
Hepatitis C	0	0	0	Ross River virus infection	0	0	0
Invasive pneumococcal disease	1	2	2	Salmonellosis	12	5	5
Lead absorption	0	2	2	Shigellosis	2	1	1
Legionellosis	1	2	2	Tetanus	0	0	0
Leptospirosis	0	1	1	Toxic Shellfish Poisoning	0	0	0
Listeriosis	0	0	0	Tuberculosis disease - new case	1	3	3
Listeriosis – Perinatal	0	0	0	Typhoid fever	0	3	3
Malaria	0	0	0	VTEC/STEC infection	2	4	4
Measles	0	0	0	Yersiniosis	5	2	2
Meningococcal disease	1	2	2	Zika virus	0	2	2

Figure 1: Notifiable diseases (selected), January 2016 compared to January 2015, Waikato DHB



2015-2016 Northern Hemisphere Influenza Season is Ramping Up

[Flu activity](#) is on the rise across the US, especially with more reports of severe influenza illness, particularly from H1N1. Most of the sicker patients are young to middle-aged adults, who have reportedly not been vaccinated. Nine deaths in children from influenza also have been reported this flu season. See the [Centers for Disease Control and Prevention \(CDC\) Health Advisory](#) for more information.

Preparations are under way for the 2016 influenza season here in New Zealand. INFLUVAC® and FLUARIX® are the two funded vaccines, for all eligible patients. At this stage we expect continuous supply in late March – please wait until the date is confirmed before booking clinics. This year, the vaccines will include two new strains, A/Hong Kong/4801/2014 (H3N2)-like virus, and B/Brisbane/60/2008-like virus.

Recording Influenza on the NIR

As in 2015, the Ministry expects influenza vaccinations given at general practices (including those given to pregnant women) to be recorded on the NIR. We are continuing to invest in the NIR infrastructure to avoid the overloading experienced in previous years.

What do you need to do?

- To record an adult's influenza vaccine on the NIR, select the opt-on button on your PMS.
- For adults not wanting their influenza vaccine recorded on the NIR please leave the opt-on/off fields blank. The information will only be recorded on your PMS and will not be sent to the NIR.
- To help avoid errors in recording influenza on the NIR:
 - Ensure you have the most up to date PMS software version.
 - Send a list of any changes to the vaccinators and GPs who will deliver the influenza vaccine in your practice to your local DHB NIR administrator before the beginning of the influenza season to ensure they are entered into the system. This is critical to ensure your data messages to the NIR without causing an error in the system.
 - Vaccinators should validate patients' addresses in all address fields before they are messaged to the NIR.
 - The provider should be noted as the "GP" and the nurse the "vaccinator".

Gardasil misinformation

We have become aware that someone opposed to Gardasil vaccination against HPV has circulated a letter to schools containing misinformation and distortions of facts. You may be approached by concerned parents. Can you please ensure you are up to date with the current information regarding this vaccine, its efficacy and safety.

Click on the relevant link below to view the:



[Immunisation Advisory Centre Position](#)

[Statement on the Gardasil Awareness New](#)

[Zealand Letter to Schools](#)



[Ministry of Health letter to school Principals and Boards of Trustees](#)

Pertussis

Pertussis notifications have increased in the Waikato region from the same period last year. There were 77 notifications in the six months ending 31 January, compared to 26 notifications for the same period in the previous year. We received 17 pertussis notifications in January 2016 compared to zero last year.

Please consider pertussis in all age groups presenting with a persistent cough. Management of suspected cases should follow the Population Health flowchart available from:

<http://www.waikatodhb.health.nz/assets/public-health-advice/public-health-topics/pertussis/Pertussis-GP-flowchart.pdf>

If onset of symptoms is less than two weeks previously then a nasopharyngeal swab for pertussis PCR is the test of choice. The recommended treatment (which prevents spread but not symptoms) is now Azithromycin for five days which is now free, instead of the previously recommended 14 day course of Erythromycin.

Vaccination should be encouraged for incompletely vaccinated child cases and contacts, as well as pregnant women in their third trimester.

Key information regarding vaccination includes:

- Pertussis vaccine is free and recommended for all pregnant women 28-38 weeks gestation.
- Please make sure of timely and complete delivery of 6 week, 3 and 5 month infant vaccines
- Please check and make sure all those aged 4 and 11 years (delivered via school based programme) have had their boosters.
- Pertussis vaccine is recommended but not funded for all those who work with vulnerable populations including health care and child care staff.

Felicity Dumble -- Richard Wall:

Medical officers of health

After hours:

MOoH 021 359 650 HPO 021999521

If there is no answer, please contact Waikato Hospital's switchboard 07 839 8899 and ask for the on-call MOoH.

During office hours:

Population Health (MOoH or HPO) (07) 838 2569

Notifications 07 838 2569 ext. 22065 or 22020

Notifications outside Hamilton: 0800 800 977

Fax: 07 838 2382

Email: notifiablediseases@waikatodhb.health.nz